

CENTRAL STATE HOSPITAL
POLICY and PROCEDURE

SUBJECT: **STUDENT AFFILIATION AGREEMENTS (a.k.a. Internships)**

ANNUAL REVIEW MONTH: February

RESPONSIBLE FOR REVIEW: Director, Staff Development & Training

LAST REVIEW DATE: October 2007

I. POLICY

- A. **PURPOSE:** The Student Affiliation Agreement policy is established to ensure that all students and interns placed or rotating through a CSH, as part of their educational program at a College, University or Technical/Vocational School, are properly authorized and oriented. In addition, the policy is intended to protect the interests and the rights of the hospital's consumers, and the fiscal, operational, and liability interests of CSH and Division MH/DD/AD.
- B. **APPLICABILITY:**
- C. **DEFINITIONS:** Students and interns will include all persons placed or rotating through CSH as part of an educational or vocational program at a College, University or Technical/Vocational School. Students and interns are not individuals functioning simultaneously (during the same time period) as either employees of the hospital or volunteers of the hospital. Where an employee of the hospital receives academic credit for on-the- job experience at the hospital, simultaneous to their regular work time, the individual's relationship to the hospital is one of employee to employer. Where an individual is a volunteer at the hospital, and also receives academic credit for the experience and time at the hospital outside of an official MOU, the individual is considered a volunteer and subject to all rules and limitations associated with the hospital's Volunteer Services program.
- D. **POLICY STATEMENT:** Students and interns will only be allowed to utilize CSH as a training site, or practicum, when an approved Memorandum of Understanding (MOU), or Agreement, between the technical school/

college/university and the hospital is in effect. Such agreements will include the necessary provisions and stipulations as were outlined by the Division of MH/DD/AD for Affiliation Agreements, as issued by Memorandum and Attachments dated January 27, 1998. Student groups merely visiting or touring the hospital, do not require an MOU. Hospital staff must accompany and supervise students at all times.

- E. **DISCUSSION:** It will be deemed beneficial to the general interests of the consumers and staff of CSH, to have a limited number of health care and behavioral science students/interns on campus, students in the pursuit of practical clinical and operational experience which will help their learning and academic program completion. The presence of these students and their faculty instructors will augment the personal attention and interactive stimuli provided to consumers, and at the same time generate additional learning and teaching experiences for staff.

II. PROCEDURE

RESPONSIBILITY

Service Director/
Service Chief

ACTION

When a hospital official desires to place into effect or extend an Affiliation Agreement /MOU, they are to contact both the hospital discipline head and the appropriate administrative/operations person expected to be involved with the presence of students in the workplace. Upon obtaining their support, the Department of Staff Development and Training should be contacted about the creation of the MOU document. The MOU can originate at the hospital, or be proposed by the affiliating school, but generally it will be easier if the school will accept the standard CSH agreement. It is also helpful to secure a letter from the school/college which outlines the proposed arrangement for students to come to the hospital, including how many and when, and generally what will be planned for the students while at the hospital. Such a letter demonstrates a legitimate interest in creating an MOU, and also creates a contact at the school for continued reference.

Director of Staff
Staff Development & Training

SD&T will work with the local hospital official and the CSH Director of Risk Management to draft an MOU which contains all the needed provisions as stipulated by the Division. MOUs are drafted locally and sent through the CSH Director of Risk Management to the DMHDDAD for final review and approval, before any signatures are affixed by DMHDDAD officials. Proposed dates for the agreement should always be projected for a date after the review and clearance by the DMHDDAD. Usually 30 days after the MOU is ready to be sent to the DMHDDAD is an acceptable lead time. The hospital Director of Staff Development & Training will advise the RHA as to the initiation of any student affiliation MOUs prior to the MOU being sent on to the DMHDDAD.

Director of Risk Management

The CSH Director of Risk Management will assist the local officials in the development of the MOU and complete a final review of the MOU before the being forwarded on to the DMHDDAD. The Director of Risk Management will advise the Director of SD&T as to the approval status of the MOU, or as necessary, assist with working out details to affect the final MOU execution.

Director of Staff
Development & Training

Upon approval from the DMHDDAD and the CSH RHA, the MOU will be sent to the school/college for their signatures. The school will mail copies back to hospital and the agreement will then be ready for implementation. SDT will then notify the local hospital official/discipline head involved in the original request.

Service Chief
Service/Office Director

Once advised by SD&T that the MOU is fully executed, the hospital official may proceed with the program. All students and interns will need to be scheduled for criminal background checks, photo

I.D. badges and general orientation before being allowed into consumer care areas. Such arrangements are made through the Department of Staff Development and Training.

Students will register with the Department of Staff Development and Training upon arrival at CSH. A CSH Intern/Residency Placement Record sheet (attachment #1) will be completed, including emergency notification information, and will be placed in the School MOU file in SD&T.

A Human Resource Information Card (attachment #2) will be completed and delivered to the Human Resources Office, and will be required for issuance of a Student/Photo I. D.. CSH provided student I.D.'s must be returned to the Human Resources Office at the conclusion of the internship/practicum.

Director of Staff
Development & Training

At least annually, the Director of SD&T will review all MOU files, to assure they are current and complete. The appropriate hospital official will be notified of the inactive status of expired MOUs.

III. REFERENCES:

APPROVED BY:

This policy has been approved by the CMO and CEO on 12/17/2007.

ATTACHMENTS:

Attachment #1: CSH Form 8.02A(2/99) Intern/Residency Placement Record

Attachment #2: CSH Form 8.02B(2/99) CSH Student Placement Record/HR Information Card

INTERN/RESIDENCY PLACEMENT RECORD
Central State Hospital

DATE

NAME: _____ *SEX _____ *RACE _____ *DOB _____
*For Equal Opportunity Tracking

SOCIAL SECURITY NUMBER:

HOME ADDRESS:

HOME TELEPHONE:

COLLEGE ATTENDING: _____ DEPT.

COLLEGE ADDRESS:

COLLEGE PHONE:

FACULTY ADVISOR(S): (Name, Title, Address, Telephone Number)

HOSPITAL PLACEMENT SUPERVISOR:

PLACEMENT LOCATION: _____ OFFICE TELEPHONE:

DATE OF PLACEMENT: BEGINNING DATE: _____ ENDING DATE:

DORMITORY ROOM REQUESTED: YES ___ NO ___ (CSH Only)

DESCRIPTION OF TRAINING PLACEMENT:

EMERGENCY NOTIFICATION:

PERSON/SCHOOL PERSONNEL TO BE NOTIFIED IN CASE OF AN ACCIDENT OR SUDDEN ILLNESS:

NAME: _____ RELATIONSHIP:

ADDRESS: _____ TELEPHONE:

I, _____, understand that Central State Hospital assumes no liability for injury or illness which may occur during my internship/residency/applied learning experience at CSH Hospital.

Signed: _____ Date

CENTRAL STATE HOSPITAL
STUDENT PLACEMENT RECORD
HUMAN RESOURCES INFORMATION CARD

PLEASE PRINT

DATE:

NAME: _____

SOCIAL SECURITY NUMBER: _____

HOSPITAL (Hospital) _____

TELEPHONE NUMBER (at Hospital) : _____

HOSPITAL PLACEMENT LOCATION: _____

HOSPITAL PLACEMENT SUPERVISOR: _____

SUPERVISOR OFFICE TELEPHONE: _____

DATES OF PLACEMENT: BEGINNING ____ / ____ / ____ ENDING ____ / ____ / ____

Person/School Personnel to be notified in case of an accident or sudden illness:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

* This document must be completed and given
to Human Resources Staff prior to issuance of CSH I.D.